

Major Fee Schedule Changes in HB1698/PA97-18

The General Assembly passed House Bill 1698 and Governor Quinn signed it into law (Public Act 97-18) on 6/28/11. Below is a summary of the fee schedule provisions.

- Effective 6/28/11, reimbursement for physician-dispensed medication shall not exceed the Average Wholesale Price (as published in Medispan) plus a dispensing fee of \$4.18.
- Effective 6/28/11, requires payers to give providers, within 30 days of receipt of a bill, written notice of denial or an explanation of any additional necessary data elements; imposes the 1% monthly interest after 30 days rather than 60 days.
- Effective 6/28/11, specifies that bills for treatment deemed to be unnecessary or excessive are subject to the prohibition against billing to the injured employees.
- Effective 6/28/11, provides that out-of-state services be paid at the lesser rate of that state's medical fee schedule or the IL fee schedule in effect for employee's residence.
- For all treatment performed on or after 9/1/11, reduces all fee schedules by 30% and reduces the default, POC76 (pay 76% of charge), to POC53.2 (pay 53.2% of charge).
- Effective 9/1/11, provides that medical implants shall be reimbursed at 25% over invoice price plus actual and customary shipping minus any rebates.
- Effective 9/1/11, adds accredited Ambulatory Surgical Care facilities to the Ambulatory Surgical Treatment Center fee schedule.
- Effective 9/1/11, adds dental services to the medical fee schedule. (This fee schedule is under construction; for now, payment is 53.2% of charge.)
- Effective 1/1/12, collapses the current 29 geozips to 14 regions for hospitals and 4 for physicians and other providers. The regions are based on counties.
- Starting 1/1/12, parties should use the most recent versions of the codes and rules, including NCCI bundling edits and the Payment Guide to Global Days.